
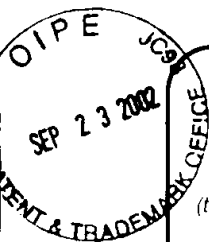


Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



|  |                             |  |
|--|-----------------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>   | 09/582,761                               |
|  | <b>Filing Date</b>          | August 28, 2000                          |
|  | <b>First Named Inventor</b> | Vivienne Frances COX et al               |
|  | <b>Group Art Unit</b>       | 1632                                     |
|  | <b>Examiner Name</b>        | D. Nguyen                                |
| <b>Total Number of Pages in This Submission</b>  |                             | <b>Attorney Docket Number</b> 37945-0008 |

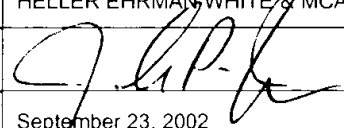
RECEIVED

SEP 23 2002

TECH CENTER 1600/2900

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i> |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;">           Remarks         </div>   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | John P. Isacson, Reg. No. 33,715<br>HELLER EHRMAN WHITE & MCAULIFFE, LLP            |
| Signature               |  |
| Date                    | September 23, 2002  |

## CERTIFICATE OF MAILING

|   |  |      |  |
|---|--|------|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> |  |      |  |
| Typed or printed name   |  |      |  |
| Signature   |  | Date |  |



26633

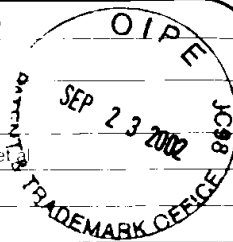
PATENT TRADEMARK OFFICE

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

Complete if Known

Application Number 09/582,761  
Filing Date August 28, 2000  
First Named Inventor Vivienne Frances COX et al  
Examiner Name D. Nguyen  
Group / Art Unit 1632  
Attorney Docket No. 37945-0008



TOTAL AMOUNT OF PAYMENT (\$) 55

| METHOD OF PAYMENT (check all that apply)   |                       |                       |                 |  | FEE CALCULATION (continued)   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
|--|-----------------------|-----------------------|-----------------|--|---|-----------------|----------------|-----------------|-----------------|----------|-----------------------|-----------------------|-----------------|----------|--------------------|-----|-----|-----|-------------------------------------|-----|-------------------|----|-----|-----|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|---------------------|------|--|--|-----|--------|--|--------|---|--|-----|--------------|--------------|----------------|--|----|--------|-----|-------|-----|---|-----|-------|--------------------------|-----|-----|--|----------------|-----------------|----------------|-----------------|-----------------|---|-----|-----|-------|-----|------------------------|--|-----|-----|-----|-----|-----------------------------------|------------------|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--------------------------|-----|-----|-------|-----|--|---|---------------------|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|----------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|---------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account  |                       |                       |                 |  | <b>3. ADDITIONAL FEES</b>   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Deposit Account Number: 08-1641<br>Deposit Account Name: HELLER EHRMAN WHITE & MCAULIFFE LLP   |                       |                       |                 |  | <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify):</td><td></td></tr> <tr><td colspan="5">*Reduced by Basic Filing Fee Paid</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (3)</b></td><td>(\$ 55)</td></tr> </tbody> </table> |                 |                |                 |                 | Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105                | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112                    | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113  | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110          | 215          | 55             | Extension for reply within first month | 55 | 116    | 400 | 216   | 200 | Extension for reply within second month |     | 117   | 920                      | 217 | 460 | Extension for reply within third month |                | 118             | 1,440          | 218             | 720             | Extension for reply within fourth month |     | 128 | 1,960 | 228 | 980                    | Extension for reply within fifth month |     | 119 | 320 | 219 | 160                               | Notice of Appeal |     | 120 | 320 | 220 | 160                                   | Filing a brief in support of an appeal |     | 121 | 280 | 221 | 140  | Request for oral hearing |     | 138 | 1,510 | 138 | 1,510  | Petition to institute a public use proceeding |                     | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify): |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ 55) |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 105  | 130                   | 205                   | 65              | Surcharge - late filing fee or oath  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 127  | 50                    | 227                   | 25              | Surcharge - late provisional filing fee or cover sheet                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 139  | 130                   | 139                   | 130             | Non-English specification  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 147  | 2,520                 | 147                   | 2,520           | For filing a request for reexamination                                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 112  | 920*                  | 112                   | 920*            | Requesting publication of SIR prior to Examiner action                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 113  | 1,840*                | 113                   | 1,840*          | Requesting publication of SIR after Examiner action                        |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 115  | 110                   | 215                   | 55              | Extension for reply within first month                                     | 55  |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 116  | 400                   | 216                   | 200             | Extension for reply within second month                                    |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 117  | 920                   | 217                   | 460             | Extension for reply within third month                                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 118  | 1,440                 | 218                   | 720             | Extension for reply within fourth month                                    |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 128  | 1,960                 | 228                   | 980             | Extension for reply within fifth month                                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 119  | 320                   | 219                   | 160             | Notice of Appeal   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 120  | 320                   | 220                   | 160             | Filing a brief in support of an appeal                                     |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 121  | 280                   | 221                   | 140             | Request for oral hearing   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 138  | 1,510                 | 138                   | 1,510           | Petition to institute a public use proceeding                              |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 140  | 110                   | 240                   | 55              | Petition to revive - unavoidable   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 141  | 1,280                 | 241                   | 640             | Petition to revive - unintentional   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 142  | 1,280                 | 242                   | 640             | Utility issue fee (or reissue)   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 143  | 460                   | 243                   | 230             | Design issue fee   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 144  | 620                   | 244                   | 310             | Plant issue fee  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 122  | 130                   | 122                   | 130             | Petitions to the Commissioner  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 123  | 50                    | 123                   | 50              | Processing fee under 37 CFR 1.17 (q)                                       |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 126  | 180                   | 126                   | 180             | Submission of Information Disclosure Stmt                                  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 581  | 40                    | 581                   | 40              | Recording each patent assignment per property (times number of properties) |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 146  | 740                   | 246                   | 370             | Filing a submission after final rejection (37 CFR § 1.129(a))              |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 149  | 740                   | 249                   | 370             | For each additional invention to be examined (37 CFR § 1.129(b))           |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 179  | 740                   | 279                   | 370             | Request for Continued Examination (RCE)                                    |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 169  | 900                   | 169                   | 900             | Request for expedited examination of a design application                  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Other fee (specify):   |                       |                       |                 |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| *Reduced by Basic Filing Fee Paid  |                       |                       |                 |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (3)</b>  |                       |                       |                 |  | (\$ 55)   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>(\$ 0)</td></tr> </tbody> </table> |                       |                       |                 |  | Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 101                   | 740                   | 201             | 370      | Utility filing fee |     | 106 | 330 | 206                                 | 165 | Design filing fee |    | 107 | 510 | 207  | 255 | Plant filing fee |     | 108 | 740 | 208                       | 370 | Reissue filing fee |       | 114 | 160   | 214                                    | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |  |  |     | (\$ 0) | <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>16</td><td>-23 **</td><td>= 0</td><td>X = 0</td></tr> <tr><td>1</td><td>-3 **</td><td>= 0</td><td>X = 0</td></tr> <tr><td colspan="4">Multiple Dependent X = 0</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td>(\$ 0)</td></tr> </tbody> </table> |        |   |  |     | Total Claims | Extra Claims | Fee from below | Fee Paid                               | 16 | -23 ** | = 0 | X = 0 | 1   | -3 **                                   | = 0 | X = 0 | Multiple Dependent X = 0 |     |     |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid                                | 103 | 18  | 203   | 9   | Claims in excess of 20 |  | 102 | 84  | 202 | 42  | Independent claims in excess of 3 |                  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84  | 209 | 42  | ** Reissue independent claims over original patent |                          | 110 | 18  | 210   | 9   | ** Reissue claims in excess of 20 and over original patent |   | <b>SUBTOTAL (2)</b> |     |     |     |    | (\$ 0)                           |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$) | Fee Description  | Fee Paid  |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 101  | 740                   | 201                   | 370             | Utility filing fee   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 106  | 330                   | 206                   | 165             | Design filing fee  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 107  | 510                   | 207                   | 255             | Plant filing fee   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 108  | 740                   | 208                   | 370             | Reissue filing fee   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 114  | 160                   | 214                   | 80              | Provisional filing fee   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (1)</b>  |                       |                       |                 |  | (\$ 0)  |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Total Claims   | Extra Claims          | Fee from below        | Fee Paid        |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 16   | -23 **                | = 0                   | X = 0           |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 1  | -3 **                 | = 0                   | X = 0           |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Multiple Dependent X = 0   |                       |                       |                 |  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$) | Fee Description  | Fee Paid  |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 103  | 18                    | 203                   | 9               | Claims in excess of 20   |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 102  | 84                    | 202                   | 42              | Independent claims in excess of 3  |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 104  | 280                   | 204                   | 140             | Multiple dependent claim, if not paid                                      |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 109  | 84                    | 209                   | 42              | ** Reissue independent claims over original patent                         |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| 110  | 18                    | 210                   | 9               | ** Reissue claims in excess of 20 and over original patent                 |   |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (2)</b>  |                       |                       |                 |  | (\$ 0)  |                 |                |                 |                 |          |                       |                       |                 |          |                    |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |        |  |        |   |  |     |              |              |                |  |    |        |     |       |     |   |     |       |                          |     |     |  |                |                 |                |                 |                 |   |     |     |       |     |                        |  |     |     |     |     |                                   |                  |     |     |     |     |                                       |  |     |     |     |     |  |                          |     |     |       |     |  |   |                     |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                      |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |         |

\*\*or number previously paid, if greater. For Reissues, see above

| SUBMITTED BY      |                 | Complete (if applicable)        |                    |           |              |
|-------------------|-----------------|---------------------------------|--------------------|-----------|--------------|
| Name (Print/Type) | JOHN P. ISACSON | Registration No. Attorney/Agent | 33,715             | Telephone | 202-912-2000 |
| Signature         |                 | Date                            | September 23, 2002 |           |              |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 0-200



26633

PATENT TRADEMARK OFFICE

2900

RECEIVED